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***SB 910***  
***California's Strategic Plan***  
***for an Aging Population***



## *California is aging rapidly...*

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★ We are staying healthy and living longer



★ We now have approximately 4,000,000 people over age 65 – the largest older adult population in the nation

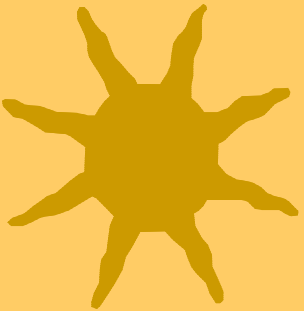


★ This number will double over the next twenty-five years due to the retirement of the baby boom generation.



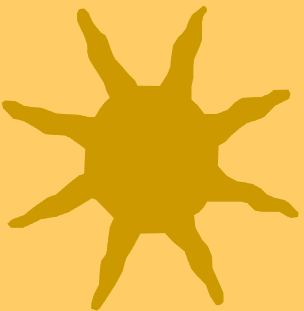
## *Findings - CALIFORNIA vs. US*

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### ★ Life expectancy—

- 1 yr. longer in CA than the nation as a whole
- 3 yrs. less than Japan with world's highest life expectancy (80.7 years)
- Gap between life expectancy for men and women will decrease from 4.7 to 4.1 by 2050





# *Good News*

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Functional status is increasing among older adults in every age group. Disability rates are declining from .5 – 3% annually, due in part to:



- ★ Reduced tobacco use
- ★ Increased education levels
- ★ Medical & pharmacological advances
- ★ Health promotion

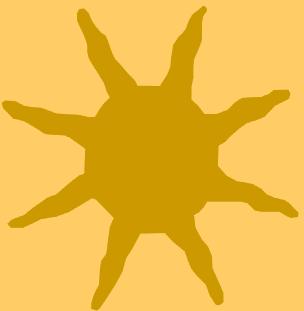


These are investments that must begin early in life, not at retirement age.



# *Consequently...*

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- ★ **As the population ages we can expect enormous changes that will sharply affect**
  - The Economy
  - Housing
  - Land Use Planning
  - Transportation
  - Health and Social Services
  - Allocation of public resources
- ★ **During the next nine years California faces the challenge of preparing for these changes**

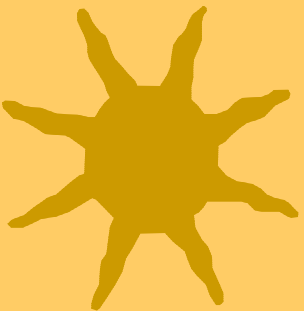


## *To Address This Situation...*

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★ Senate Bill 910 (John Vasconcellos) requires the California Health and Human Services Agency to develop a statewide strategic plan for long-term planning purposes.



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★ The bill required University of California to support plan development by preparing:

- An inventory of existing resources
- A composite demographic profile
- A plan for a longitudinal data base

In addition, they prepared 10 research papers on key topics.



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★ The bill also asked the Agency to seek the advice of:

- The Commission on Aging
- The CA Council on Gerontology and Geriatrics
- Consumers and other stakeholders

Therefore.....





# *The Plan Development Process*

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★ Plan Development Task Team was formed.



- Composed of Key Stakeholders
- Representing the perspective of their constituencies
- Provide vision, input
- Develop policy and recommendations





# *Plan Development Task Team*



- ★ Commission on Aging
- ★ California Council on Gerontology & Geriatrics
- ★ AARP
- ★ California Assn. of Homes and Services for the Aging
- ★ California Association of Health Facilities
- ★ California Council of the Alzheimer's Associations
- ★ CA Caregiver Resource Systems
- ★ Congress of California Seniors
- ★ Older Women's League
- ★ Grey Panthers
- ★ Area Agencies on Aging Council of California
- ★ California Senior Legislature
- ★ California Assisted Living Assn.
- ★ California Association of Area Agencies on Aging
- ★ Paratransit, Inc.
- ★ CA Assn for Coordinated Transportation
- ★ Senior Worker Advocates' Office
- ★ Valley Caregiver Resource Center
- ★ Senate Subcommittee on Aging and Long Term Care
- ★ Assembly Subcommittee on Aging and Long Term Care

**With input from over a hundred expert advisors**



# *Plan Contents - Draft*

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## **I. Executive Summary**

## **II. Introduction and Background**

- A. Demographics and Trends**
- B. Overarching Themes**
- C. Cross Cutting Issues**



## **III. Vision, Policy and Action Recommendations**

**CATEGORIES: Economic Security/ Work/ Civic Involvement, Healthy Aging, Housing, Transportation, Health Care, Long Term Care, Infrastructure**

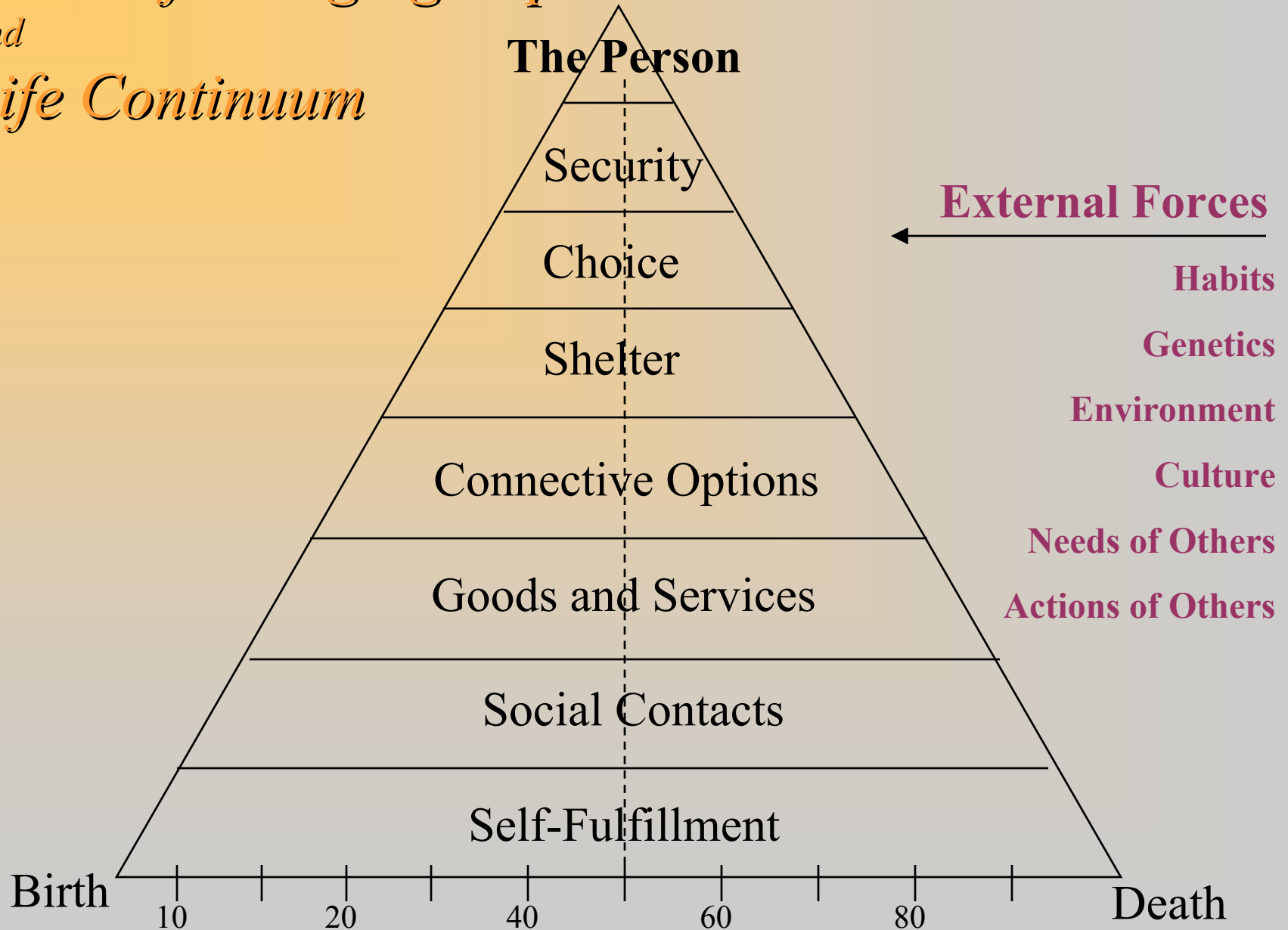
## **VI. In Conclusion - Priorities and Timelines**

- A. Plan Priorities**
- B. Accountability and Integration**
- C. Timeline: The Next Nine Years**
- D. Plan Update - Frequency and Process**



## **Appendices**

# *Needs of An Aging Population* *and* *Life Continuum*





# *Cross Cutting Issues*

## *To Ensure Inclusivity*

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Across all topics we are addressing differences in...



- ★ Economic Status
- ★ Educational Status
- ★ Social Supports - Family Networks or Living Alone
- ★ Health Status
- ★ Geography - Urban, Suburban and Rural
- ★ Culture, Ethnic and Language Issues
- ★ Gender





# *Plan Elements*



- ★ Economic Security, Work, Civic Engagement
- ★ Healthy Aging & Prevention
- ★ Housing & Assisted Living
- ★ Transportation
- ★ Health Care
  - Including Oral Health, Alcohol & Chemical Dependency
- ★ Mental Health
- ★ Long Term Care
  - Including Family/Informal Caregiving
- ★ Infrastructure Needs
- ★ And - - - Influencing Federal Policy

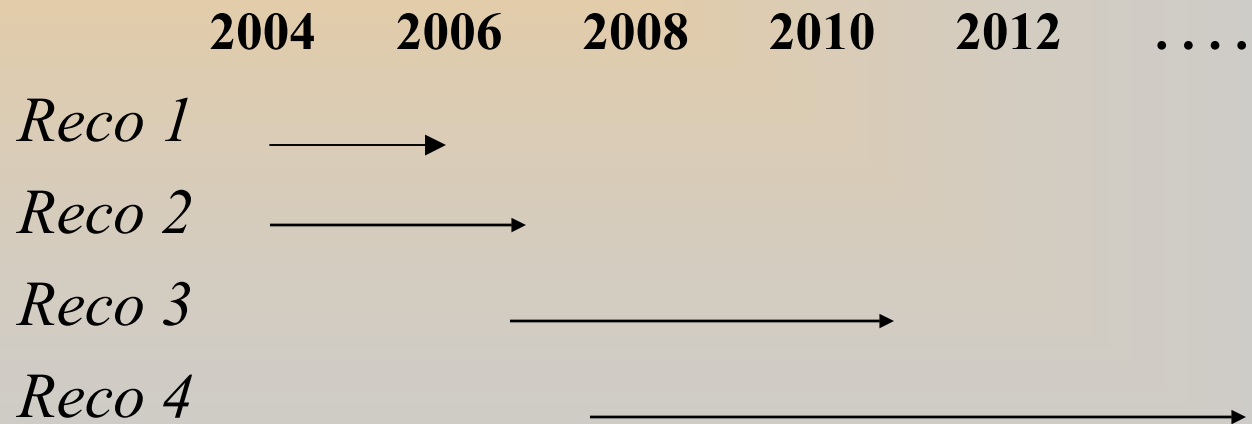


# *Timeline*

## ★ Suggested Sector Responsibility

- Public, Private, Non-Profit

## ★ Suggested Timeframe



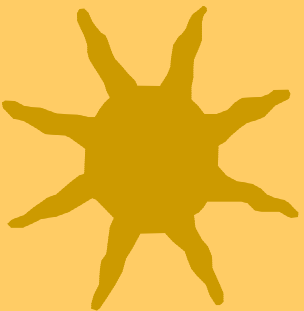


# *Draft Recommendations*

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## **Element 1.**



*Economic Security, Work,  
Civic Engagement*







# *Economic Security*

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## ★ Health Insurance

- Support concept of universal coverage
- Increase options for coverage between retirement and Medicare eligibility

## ★ Long Term Care Insurance

- Create incentives to form large group risk pools to achieve lower *per capita* rates
- Employers include long term care insurance on benefit menu options





# *Economic Security*

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## ★ Income Protection

- Maintain SSP benefits at 2001-02 levels plus predetermined COLAs
- Protect vested defined contribution pensions for those over 40 with more than 10 years of service



## ★ Asset Protection

- Continue to protect automobile and home for means testing criteria





# *Economic Security plus*

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## ★ Stop Elder Abuse

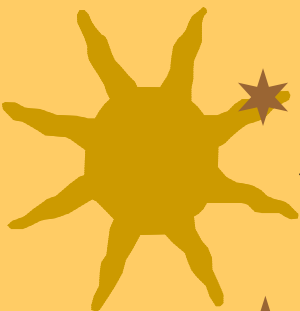
- Establish an hot line for reporting financial abuse, fraud, neglect, physical and psychological abuse.
- Implement protections against predatory lending
- Develop a statewide coalition to more effectively use existing local, state and federal resources to end abuse
- Add a course to the basic Peace Officer curriculum on how to recognize abuse
- Maintain/ restore funds for elder abuse investigators and prosecutors





# *Work/ Jobs*

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★ Create an Earned Income Tax Credit to reward businesses for hiring persons over age 50



★ Develop mechanisms for improved work options, e.g., flexible scheduling, compressed work week, job sharing, part time/on call.



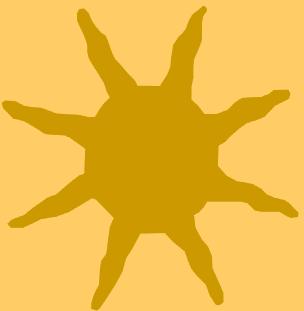
★ Fight Age Discrimination

- Strengthen/enforce age discrimination laws
- Eliminate age disincentives in programs funded by the Workforce Investment Act



# *Work/ Jobs*

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## ★ Support Job Seekers

- Provide job training and support services
- Consolidate/integrate and revitalize non-profit and community based older worker programs.
- Maintain/implement higher education reentry programs for older adults to assist with planning and course selection.

## ★ Establish “job clubs” in every county



# *Civic Engagement*

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- ★ Expand California's GOSERV volunteer coordination Website



- ★ Maintain/enhance Adult Education and Life Long Learning programs



- ★ Maintain funding and support for community/recreation centers.



# *Draft Recommendations*

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## **Element 2.**

***Healthy Aging  
Prevention, Early Action***





# *Healthy Aging*

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- ★ Develop a public awareness campaign that will enlighten and motivate the public to adopt lifestyle behaviors that support healthy aging.
- ★ Expand programs that engage older adults in activities to improve their nutrition, fitness, flexibility, cognitive skills, social and recreational activity.
- ★ Disseminate information on how to stay healthy on the Internet.





# *Prevention*

- ★ Fund the *Preventive Health Care for the Aging* screening program in every county, including:

Hypertension

Immunizations

Dental/Oral

Hearing

Vision

Mammogram

Pelvic

Colo-rectal

Prostate

Diabetes

Obesity

Cognitive Function

Osteoporosis

Physical Activity

Medical History

- ★ Implement culturally appropriate outreach campaigns and screening programs with emphasis on preventing diseases that have higher ethnic prevalence.



# *Draft Recommendations*

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## **Element 3.**

### *Housing*



# *Housing*

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- ★ Ensure a fair share of senior housing in administration of Prop 46 funds
  - Add “frail elderly,” “at-risk elderly,” and “very low income” under the *Special Needs Population* category to address needs of vulnerable elderly
- ★ Give higher priority to older adults in allocation of low income tax credits.
  - Include more supportive housing, housing linked to services, and assisted living



# *Housing*

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- ★ For state competitive funding processes, give preference to Smart Growth Projects.
- ★ Use new integrative models for elderly housing
  - Link shelter and services to promote aging in place
  - Increase flexibility in use of funds for models that incorporate community spaces and provide services and transportation.
  - Encourage partnerships among developers, service providers, community organizations, and transportation providers



# *Housing*

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- ★ Strengthen state housing element provisions and enforcement to ensure that:
  - “In lieu fees” are actually used for affordable housing projects
  - Housing Plans are submitted with elements that address senior and disabled housing needs
- ★ Provide meaningful incentives for incorporating universal design and “visitability” principles in new homes.



# *Housing*

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- ★ Strengthen support of home modification to support aging in place
  - Community-base service providers conduct home assessments
  - Provide local housing entities with information on the Olmstead Decision, CA Olmstead Plan
  - Establish a Senior/Olmstead Ombudsman
- ★ Consumers, advocates need to get more involved in urban and regional planning.



# *Draft Recommendations*

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## **Element 4.**



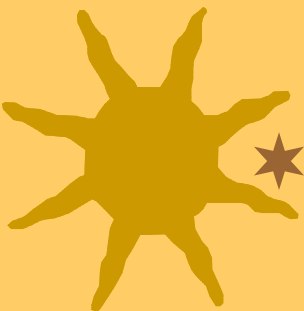
## *Transportation*





# *Transportation*

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## ★ Increase driver and pedestrian safety

- Fund and implement the recommendations of the Task Force on Older Adults and Traffic Safety (OATS).
- Offer safe driver education for mature drivers.
- Offer mobility/public transportation and travel training customized to participants functional needs.





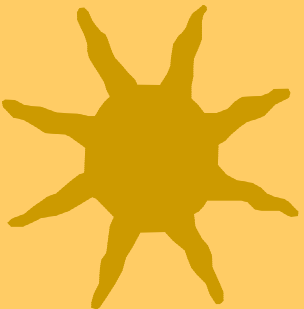


# *Transportation*

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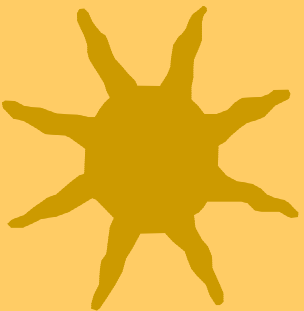
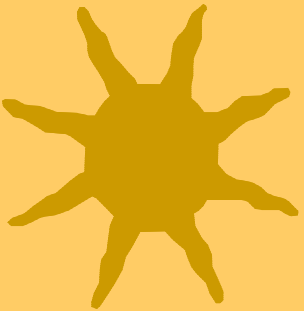
- ★ Hold a “Mobility Summit” to plan implementation of integrated and coordinated transportation strategies.
  - Business, Transportation & Housing, Health & Human Services, and Consolidated Transportation Service Agencies co-sponsor.
  - Plan *Aging Plan* implementation strategies
  - Plan the continuum of coordinated services
  - Determine how to eliminate fragmentation





# *Transportation*

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- ★ Ensure a continuum of transit services for seniors and individuals with disabilities
  - Create and implement “Mobility Management Centers” (MMC) attached to Consolidated Transportation Services Agencies (CTSA).



# *Transportation*

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- Mobility Management Centers would conduct training to familiarize riders with right transit mode for their needs.
- Restore Area Agency on Aging Transportation Coordinator
- Restore Regional Center Coordinator position to full time.
- Create a *California Mobility Council* to remove barriers between programs.

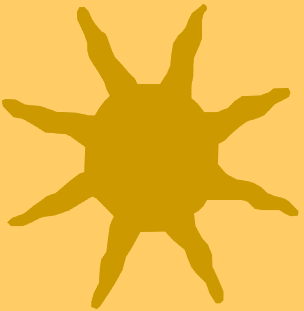


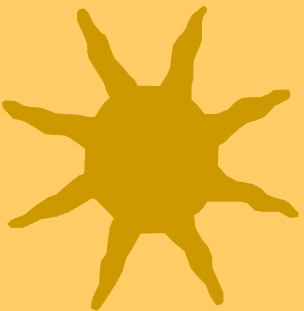


# *Transportation*

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- ★ Amend the Transportation Development Act to call for the expansion of public transit to serve non-commute purposes.
  - The amendment would call for each Transit Operator to develop and annually update a *Strategic Mobility Plan for Aging Riders*.





# *Draft Recommendations*

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## **Element 5.**

### *Health Care*

*(Health care workforce and provider education is in the Infrastructure section.)*



# *Health Care*

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## ★ Develop/expand comprehensive care models

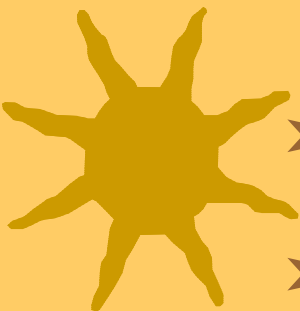
- Align financial incentives to invest in health promotion, effective rehabilitation, and cost effective social and health service interventions.
- Pull funding together for treatment of conditions that have both medical model and social model components. Treat the whole person.





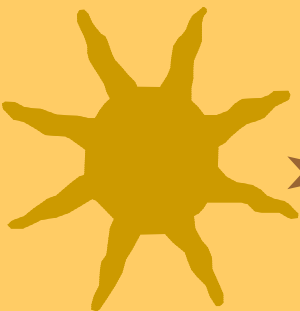
# *Health Care*

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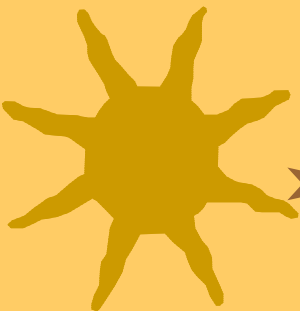


★ Train providers on needs of the elderly.

★ Teach seniors how to get health care if they don't have insurance.



★ Develop specific new approaches for addressing racial and ethnic health disparities.



★ Develop protections for patients in the event of hospital-health plan disputes.



# *Health Care*

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★ Expand access to health care in rural areas.

- Increase use of telemedicine, physician assistants, nurse practitioners, mid-level practitioners, public health nurses, physical therapists.
- Improve access to routine physical and behavioral health care with the use of mobile health clinics and temporary clinics at locations where seniors congregate.





# *Health Care*

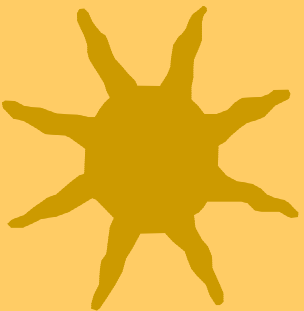
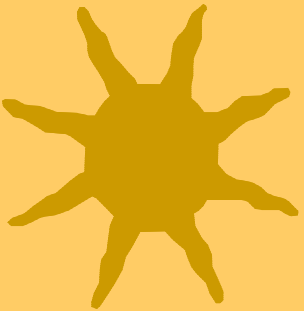
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- ★ Pilot new care models for chronic health self-management
  - Empower older adults to better manage their own chronic health conditions (e.g., arthritis, diabetes, stroke rehabilitation or other long-term health conditions).
  - Teach health literacy, an improved understanding of the one's health condition, and how and when to seek medical assistance.



# *Health Care*



## ★ Expand palliative and end-of-life care

- Educate health and social service professionals.
- Develop quality of care protocols and indicators for palliative and end-of-life care.
- Realign reimbursement systems to cover individuals with certain chronic diagnoses that are not “terminal” but need palliative care (e.g., chronic obstructive pulmonary disorder).
  - Ensure that reimbursement systems for helping dying patients are equal to reimbursement received for treating disease.
  - Reconsider the “six month life expectancy” restriction on hospice reimbursement.



# *Oral Health*

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- ★ Add Oral Health to Existing Programs
  - Including oral health screening and oral health education
- ★ Identify and provide incentives for dentists and other dental health professionals to serve homebound and nursing home patients.
- ★ Outfit mobile dental vans to offer free clinics.



# *Oral Health*

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- ★ Provide training on oral health care to care providers and family caregivers.
- ★ Support Alternative Practice
  - Create more educational programs to prepare Dental Hygienists for the Registered Dental Hygienist in Alternative Practice license.
- ★ Form coalitions with other senior programs
  - to provide and promote older adult oral health education and prevention programs.



# *Alcohol & Chemical Dependency*

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- ★ Develop funding for alcohol/chemical dependency awareness campaigns targeted to seniors. Include screening and referral.
- ★ Increase senior alcohol and drug recovery services funding in proportion to the demand.



# *Alcohol & Chemical Dependency*

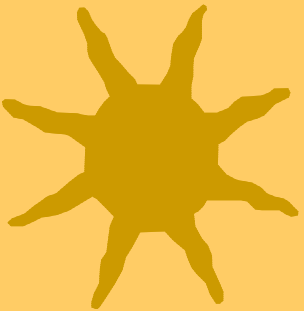
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★ Eliminate age and socio-economic reimbursement inequity for substance abuse treatment.



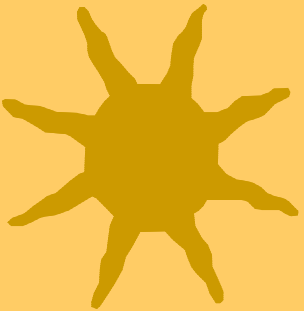
★ Develop multi-dimensional response counseling and treatment programs to deal with dependency in conjunction with depression and suicide in older adults.



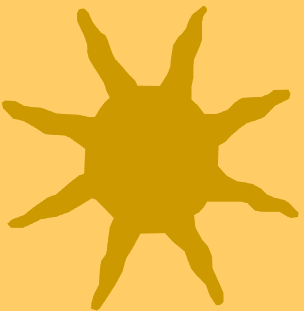


# *Draft Recommendations*

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## **Element 6.**



## ***Mental Health***





# *Mental Health*

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- ★ Develop a public information campaign targeted to older adults to combat the prejudice associated with mental illness.
- ★ Fund expansion of community based promotion, prevention, recovery, education and outreach programs for older adults.
- ★ Train healthcare and service providers to recognize depression and anxiety in older adults.





# *Mental Health*

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★ Identify and incorporate mental health prevention “best practices” programs that include:



- Relaxation training
- Stress management
- Memory training
- Bereavement support
- Outreach services
- Suicide Prevention





# *Mental Health*

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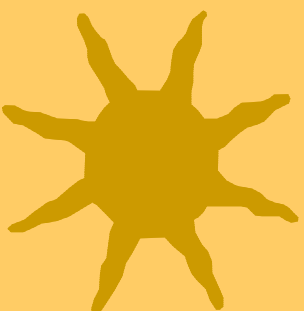
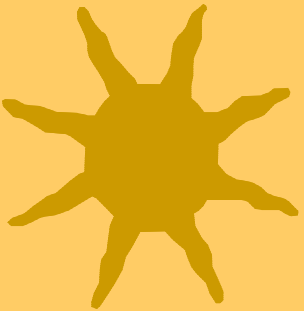


- ★ Every county must have dedicated adult mental health programs with the same quality standards and program consistency.
- ★ Develop a Statewide Older Adults System of Mental Health Care based on the *Older Adult System of Care Framework* developed by the County Mental Health Directors Association.



# *Mental Health*

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- ★ Provide incentives, including additional education, for mental health professionals to specialize in geriatrics.
- ★ Create a training program for all “first responders” (e.g., law enforcement, fire department, paramedics, clergy etc.).



# *Draft Recommendations*

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## **Element 7.**



### *Long Term Care*





# *Long Term Care*

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## **Central issues:**



### ★ Olmstead Decision

- From institution-based to home-based
- Promote independence, choice, dignity

### ★ Governance Integration

### ★ Funding and System Integration

### ★ Caregiver Support

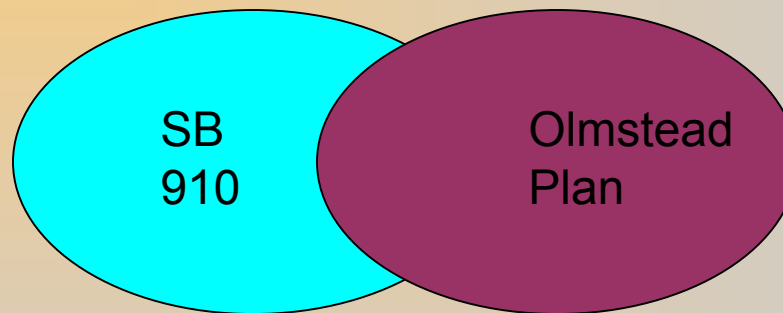




# *Overlap with Olmstead Plan*

**Older Adults**

**Persons with Disabilities  
in All Age Groups**



**Commonalities:**

- Emphasis on consumer information & choice, encouraging independence
- Supportive Community Living (including housing & transportation)
- Income support
- Long-Term Care



# *Long Term Care*

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## **Basic Long Term Support**



- ★ Support health promotion, rehabilitation and maintenance to increase independence and reduce the need for long term care - *Healthy Aging.*



- ★ **Eliminate fragmentation. Create a long term care system that is seamless from the consumer perspective.**



# *Long Term Care*

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- ★ Build **capacity** into the long term support system to meet the needs of the increasing elder and disabled population and to prevent unnecessary institutionalization.
- ★ Build **quality**, including **review and measurement** into the Long Term Support System, including strengthening nursing home quality assurance.





# *Long Term Care*

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- ★ Site Community Service Centers where there is **access to public transportation**
- ★ Build and implement a three-part **Integrated, Comprehensive Service Coordination and Information System**  
*(See Infrastructure)*
- ★ Establish **reliable and protected** Long Term Care **funding** with a streamlined funding process.



# *Long Term Care*

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## **Family/Informal Caregiving**



- ★ All state long term care policies and programs should have the objective of a **family centered approach** while still **respecting consumer choice**
- ★ **Education and training** for family care-givers must include: working with physicians, disease processes, problem-solving and coping techniques





# *Long Term Care*

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- ★ **Culturally appropriate training** must be developed and offered in languages spoken by 5% or more of the population.
- ★ **Coordinate** local and statewide caregiver programs
  - Ensure **access to a full range of caregiver resources** for every county in California with particular emphasis in the rural areas of the state.
  - **Promote cross-learning** among the Area Agencies on Aging and other caregiver organizations.



## *Long Term Care*

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- ★ Care planning and service delivery efforts must include **assessment of caregiver needs and resources**, especially those designed to serve persons requiring home and community-based care, health and mental health programs serving vulnerable individuals.
- ★ Intensive intervention efforts should be targeted to **vulnerable caregivers**.



# *Long Term Care*

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## **Assisted Living**



- ★ Incorporate **assisted living** into **Medi-Cal**



- ★ **Design in:** quality of care, management procedures, performance, cost measures

- ★ Redesign the **Licensure Process**

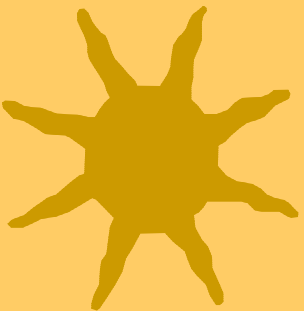


# *Long Term Care*

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- ★ Establish **statewide data system** to monitor licensed housing supply, demand and case mix and the effectiveness of the reimbursement and quality assurance systems.
- ★ Standardized **agreements** must be written in **clear, understandable language and be comprehensive** in terms of disclosing fees, services and residents rights.



# *Draft Recommendations*

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## **Element 8.**

### ***Infrastructure***

**Workforce**

**Higher Education**

**Data Systems**

**Technology**

**Hospitals & Clinics**



# *Infrastructure - Workforce*

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★ Understand and Address California's  
**Health Care Workforce Deficit**



★ Ensure **Recruitment and Retention** of  
Healthcare Professionals, Allied Health,  
Mental Health and Paraprofessionals



★ Enhance Workforce **Quality** by Requiring  
**Core Competencies**





# *Infrastructure - Higher Ed*

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## ★ University/ CSU Programs

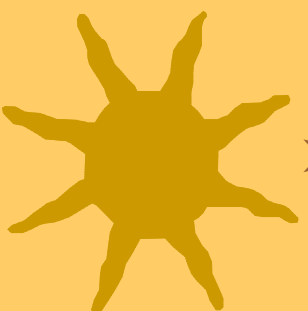
- Raise the stature of the **field of geriatrics so that it becomes as prestigious** a medical specialty as pediatrics.
- Reinvigorate the core geriatrics curriculum to expand beyond disease management and the curative process to **include the management of chronic conditions, pain management and end of life care.**





## *Infrastructure - Higher Ed*

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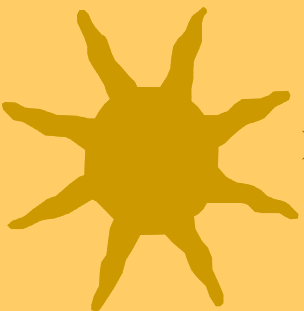


- ★ Community College Nursing Programs
  - **Significantly Increase Resources for Nursing, Allied Health, Mental Health and Paraprofessional Programs**
  - Programs should establish **consistent guidelines** for admission policies, including prerequisite requirements and methods for allocating slots in oversubscribed programs, to create a clear statewide admission practice.



## *Infrastructure - Higher Ed*

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★ Develop a reimbursement system that **funds critical educational needs according to the cost of and demand** for the program.



★ Establish a **One-Stop Web-Based Education Information System** where prospective students can access all state colleges and universities.

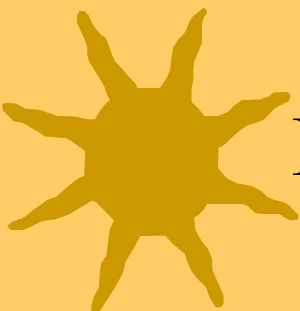


★ **Outreach to High Schools**



# *Infrastructure - Higher Ed*

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## **Higher Ed in the Aging Infrastructure**



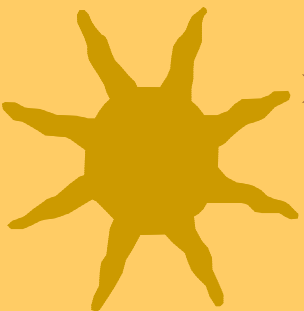
- ★ Implement and monitor **legislated curriculum recommendations** for those who work with, for, and in behalf of older adults.
- ★ To support older individuals moving into new career options, provide skill development and upgrade existing skills as technologies continues to move forward.





# *Infrastructure - Data*

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- ★ Create a Comprehensive/Integrated Database on Aging and Disabled Californians. From this base develop:
  - Care Navigation System
  - Longitudinal Data Base for program and policy decision making
- ★ Dramatically improve data collection
  - For example: Link long term care data from all counties, collect epidemiological data, collect data to create local demand estimates and more .



## *Infrastructure - Data*

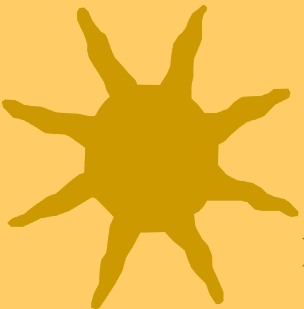
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- ★ Build and Implement a “no wrong door” Care Navigation System
  - **Part 1 – Implement a California 211 Calling System**
  - **Part 2 – Develop an Integrated, One-Stop Consumer Information System**
  - **Part 3 – Provide a secure mechanism for physicians or persons qualified to work with consumers/ caregivers to use the system to plan coordinated care**



# *Infrastructure - Technology*

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- ★ Support, fund the Increased Use of High Tech to Improve Access to Healthcare
  - Increase resources to expand telemedicine services to serve persons isolated from health care facilities
- ★ Link CalCareNet to computerized health risk screening stations (Kiosks) in places where the lowest income seniors are likely to congregate or visit.



# *Infrastructure - Technology*

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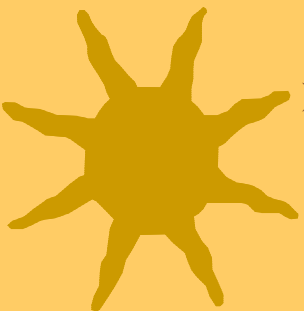
- ★ Support Greater Understanding of and Access to Assistive Technology
  - Expand programs to **educate and counsel** seniors and persons with disabilities on what assistive technology is, how it helps, how much it costs and where to get it, from high tech to low tech.
  - Provide information about assistive technology on the One-Stop Information Systems, CalCareNet and kiosks.





# *Infrastructure - Hospitals & Clinics*

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- ★ Find a Stable Funding Mechanism for Indigent Care to Stop Acute Care Bed Loss and Emergency Room Closures



- Analyze, determine the overall cost/benefit of reduced local appropriations to public hospitals, health systems and community clinics.



- ★ Determine local acute care demand
  - Develop demand data for acute care beds, emergency room capacity and community clinic capacity throughout California.



# *Overarching Themes*

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## ★ Personal Awareness

- Prevention, Early Action
- Public Education, Public Awareness
- One Stop Information Source

## ★ Professional Awareness

- Training in Gerontology and Geriatrics
- Understanding the Needs of a Multicultural Aging Population

## ★ Organizational Awareness

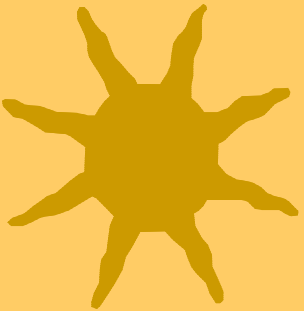
- Workforce Shortages
- Higher Education Response
- Collaboration, Coalition
- Seamless to the consumer - No Wrong Door
- Need for Information and Centralized Data





## *Plan Deadline*

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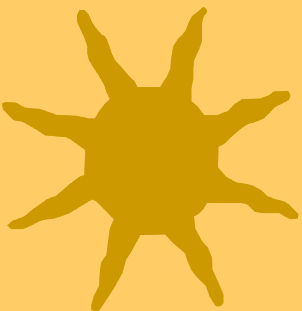
Due to Legislature  
**October 1, 2003**



# *A Sense of Urgency....*

## *The clock is ticking*

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★ In 2002 California had 3.6 million people over 65 years of age



★ In 2010 4.3 million



★ In 2020 6.1 million

★ In 2050 more than 11 million



# *We Need To Hear From You!*

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★ Send us specific suggestions



★ Send us papers, studies



★ Critique the recommendations

★ Prioritize & suggest timelines



# *Contact Information*

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## ★ FOR MATERIALS

Website:

**<http://www.chhs.ca.gov/SB910.html>**



## ★ TO COMMUNICATE VIA E-MAIL

**[ageplan@chhs.ca.gov](mailto:ageplan@chhs.ca.gov)**



## ★ TELEPHONE

**Cheri Jasinski    (916) 651-8064**



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*It's up to us  
to lead the way!*

